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## APPLICANTS

Ariel Cohen, Jerusalem, ISRAEL;

## \*\* CONTINUING DATA \*\*\*\*\*

None P/N

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None P/N

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Allowance <i>Patricia Noyngers</i> Examiner's Signature Initials	ISRAEL	8	38 13	5 10

## ADDRESS

21186  
 SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
 P.O. BOX 2938  
 MINNEAPOLIS, MN  
 55402-0938

## TITLE

Body effect amplifier

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other
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